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# Resolution adopted by the General Assembly on 11 December 2013

[*without reference to a Main Committee (A/68/L.26 and Add.1)*]

## 68/98. Global health and foreign policy

*The General Assembly*,

*Recalling* its resolutions 63/33 of 26 November 2008, 64/108 of 10 December 2009, 65/95 of 9 December 2010, 66/115 of 12 December 2011 and 67/81 of 12 December 2012,

*Welcoming* the outcomes of the major United Nations conferences and summits which have contributed to the advancement of the global health agenda, including the 2013 outcome document of the special event to follow up efforts made towards achieving the Millennium Development Goals,[1] the 2013 outcome document of the high-level meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond,[2] the 2012 outcome document of the United Nations Conference on Sustainable Development, entitled "The future we want",[3] the Rio Political Declaration on Social Determinants of Health adopted at the 2011 World Conference on Social Determinants of Health, the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS,[4] the 2011 political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,[5] World Health Assembly resolution 66.11 of 27 May 2013 on health in the post-2015 development agenda, the Helsinki Statement on Health in All Policies, adopted at the Eighth Global Conference on Health Promotion, and Recommendation No. 202 concerning national floors of social protection, adopted by the International Labour Conference at its 101st session, and reaffirming the Programme of Action of the International Conference on Population and Development, adopted in Cairo in

[1] Resolution 68/6.
[2] Resolution 68/3.
[3] Resolution 66/288, annex.
[4] Resolution 65/277, annex.
[5] Resolution 66/2, annex.



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September 1994,[6] the key actions for the further implementation of the Programme of Action[7] and the Beijing Declaration and Platform for Action,[8]

*Welcoming also* the adoption of Economic and Social Council resolution 2013/12 of 22 July 2013 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,

*Reaffirming* the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing and housing, and to the continuous improvement of living conditions,

*Noting with particular concern* that, for millions of people, the right to the enjoyment of the highest attainable standard of physical and mental health, including access to quality medicines, remains a distant goal, that, especially for women, the most vulnerable, children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote, that millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care and that excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care,

*Reaffirming* the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health and, when formal acceptance procedures are completed, the amendment to article 31 of the TRIPS Agreement, as proposed by the General Council of the World Trade Organization in its decision of 6 December 2005, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and to encourage the provision of assistance to developing countries in this regard, and calling for broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement,

*Recognizing* that the protection of intellectual property can be important in the development of new medicines,

*Recognizing also* that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent attention,

*Reaffirming* the commitment to the achievement of all the Millennium Development Goals, and stressing the need to further support initiatives aimed at accelerating progress for their achievement by 2015,

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[6] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[7] Resolution S-21/2, annex.

[8] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

*Welcoming* progress made in the areas of the Millennium Development Goals on health, which are key to achieving all the Goals, and noting that the Goals are interconnected and that progress in the achievement of any of the Goals bolsters progress in others, noting with concern in this regard the remaining gap between the commitment and delivery on Goal 8, and stressing that more needs to be done to achieve the Goals by 2015,

*Noting* the important role that partnerships with a broad range of actors, including national Governments, local authorities, international institutions, business, civil society organizations, foundations, philanthropists and social impact investors, scientists and academics, and individuals, play in development,

*Taking note* of the report of the Secretary-General entitled "A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015",[9]

*Acknowledging* the efforts made by Member States to finance and strengthen their health systems, supported by international cooperation, to achieve health goals, to make progress towards universal access to health services and to address health challenges, including communicable and non-communicable diseases, as well as their underlying determinants, which are associated with social, economic and environmental conditions,

*Acknowledging also* that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which, in turn, can contribute to peace and security, and that health equity is a shared goal and responsibility and requires the engagement of all sectors of government, all segments of society and all members of the international community,

*Recognizing* the link between moving towards universal health coverage and many other foreign policy issues, such as the social dimension of globalization, cohesion and stability, inclusive and equitable growth and sustainable development and sustainability of national financing mechanisms in this regard,

*Underscoring* the need for partnerships for global health to ensure the promotion of effective implementation of universal health coverage on the basis of solidarity, at the national and international levels,

*Underscoring also* the need for far-reaching partnerships for global health to support the promotion of, inter alia, gender equality and women's empowerment, sexual and reproductive health and women's and girls' full enjoyment of all their human rights, so as to contribute to the eradication of poverty and to economic and social development, including improved health outcomes,

*Noting* the role of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration of 20 March 2007, entitled "Global health: a pressing foreign policy issue of our time",[10] which was reaffirmed, with renewed actions and commitments, by the ministerial communiqué of 23 September 2013,

[9] A/68/202 and Corr.1.

[10] A/63/591, annex.

1. *Takes note with appreciation* of the note by the Secretary-General transmitting the report of the Director General of the World Health Organization on global health and foreign policy;[11]

2. *Reiterates the call* for more attention to health as an important cross-cutting policy issue on the international agenda, as it is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and for recognition that global health challenges require concerted and sustained efforts;

3. *Urges* Member States to continue to consider health issues in the formulation of foreign policy;

4. *Calls for* enhanced partnerships by Member States and other relevant stakeholders, from the public and private sectors, including civil society and academia, to improve health for all, in particular by supporting the development of sustainable and comprehensive health systems, ensuring universal access to quality health services, fostering innovation to develop to meet current and future health needs and promoting health throughout the life course;

5. *Emphasizes* that partnerships for global health should be guided by the principles of national ownership, focus on results and effectiveness, transparency, shared responsibility, mutual accountability, inclusiveness and sustainability;

6. *Calls upon* Member States to promote and strengthen, as appropriate, their dialogue with the private sector, as well as with civil society actors and academia, in order to maximize their engagement and contribution to solving global health challenges, while at the same time safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest, through the management of risk, the strengthening of due diligence and accountability and the increasing of the transparency of engagement;

7. *Reaffirms* the role of the World Health Organization as the directing and coordinating authority on international health work, in accordance with its constitution, and notes the ongoing discussion on partnerships and engagement with non-State actors in the context of the World Health Organization reform;

8. *Encourages* Member States and partnerships for global health to consider health in a holistic manner, to adopt a multisectoral approach, to act on economic, social and environmental determinants in the final push towards the achievement of the Millennium Development Goals and to pave the way towards the post-2015 development agenda;

9. *Urges* Member States to honour their commitments towards agreed health targets and goals and to sustain and accelerate efforts towards the achievement of the Millennium Development Goals, particularly the health-related Goals, noting in particular the relevance of, inter alia, the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS,[4] the 2011 political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,[5] the Programme of Action of the International Conference on Population and Development, adopted in Cairo in September 1994,[6] the key actions for the further implementation of the Programme of Action[7] and the Beijing Declaration and Platform for Action;[8]

[11] A/68/394.

10. *Also urges* Member States to honour the commitments made in the initiative of the Secretary-General on saving 4.6 million children and mothers in 1,000 days;

11. *Encourages* Member States and all stakeholders to give appropriate consideration to the importance of health issues in the elaboration of the post-2015 development agenda and due consideration, in particular, to universal health coverage, the health-related Millennium Development Goals and non-communicable diseases;

12. *Calls upon* partnerships for global health to support Member States in carrying out their responsibilities to accelerate the transition towards universal health coverage, which implies that all people have access, without discrimination, to nationally determined sets of the promotive, preventive, curative, rehabilitative and palliative basic health services needed and essential, safe, affordable, effective and quality medicines, especially through the promotion of primary health care, while ensuring that the use of these services does not expose the users to financial hardship, with a specific emphasis on the poor, vulnerable and marginalized segments of the population;

13. *Encourages* Member States to strengthen and improve the quality of health systems, which requires the enhancement of, inter alia, health financing, health workforces, access to medicines and vaccines, including procurement, distribution and availability, infrastructure, information systems, service delivery and political will in leadership and governance, and to promote equity, and also encourages partnerships for global health to enhance their support for Member States in this regard;

14. *Encourages* Member States and relevant stakeholders to consider voluntary innovative financing mechanisms as a positive contribution to assist developing countries in mobilizing additional resources for health development on a sustainable, predictable and voluntary basis, and emphasizes that such financing should supplement and not be a substitute for traditional sources of financing;

15. *Encourages* Member States to strengthen, as appropriate, mutually beneficial partnerships in research and development on health and to facilitate the development of pharmaceuticals, diagnostics and vaccines, medical services and medical devices, as well as other health-related technology and innovation;

16. *Also encourages* Member States to promote partnerships for capacity-building in the national regulation of pharmaceuticals and commodities, quality control and supply chain management and, where relevant, to enhance the capacity for national and regional production, especially for essential medicines and equipment;

17. *Recognizes* the importance of fostering North-South, South-South and triangular cooperation in showcasing initiatives, exchanging experiences and best practices and building capacity on health, in particular to facilitate the transfer of technology on mutually agreed terms for integrated action on health inequities, in line with national priorities;

18. *Calls for* the strengthening of the global partnership for development, with an inclusive and people-centred development agenda, to reinforce the commitments of the international community to poverty eradication and sustainable development, while taking into account the fact that challenges in global health still remain and demand persistent attention;

19. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization and with relevant institutions, to submit to the General Assembly at its sixty-ninth session, under the item entitled "Global health and foreign policy", a report on partnerships for global health that assesses and addresses global health governance and the interlinkages between health and all determinants, including social, economic and environmental determinants, and presents recommendations for action to be taken by relevant stakeholders to achieve improved global health governance, taking into account, in particular, human rights, good governance, mutual respect, equity, sustainability, solidarity, shared responsibilities of international community and a people-centred approach.

*65th plenary meeting*
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